



Event Application

Fax this application to: Kate Calhoun at (520) 791-5572

Client Information

Applicant/Title		
Organization/Company		
Address		
City	State	Zip
Day Phone	Evening Phone	
Cell Phone	Pager	Fax
Driver's License No.	State Issued	
Social Security Number		
Business Reference (Name/Telephone)		

Event Information

Event Name		
Event Description		
Insurance Carrier (Name/Telephone)		
Seating Style	Expected Attendance Per Day	
Marketing/Promoting Agency (Name/Telephone)		
Ticketed	Yes	No
Price Per Ticket		
Bank or Accounting Firm (Name/Telephone)		
Last Event Held (Name/Location/Date)		

Proposed Facilities and Schedule

Proposed Facility	Move in Date & Time	Event Start Date & Time	Event End Date & Time	Move out Date & Time

Additional Information

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